



Application for Property Tax Assistance Program

15-6-134 and 15-6-191, MCA

_____ County

This form, including all supporting documentation, must be returned to your local DOR Office or postmarked by April 15 or we cannot allow a reduction. Any reduction you qualify for is applicable to the first \$100,000 or less of the taxable market value of the qualifying property. You will receive a follow up letter indicating whether your application has been approved or denied.

- For Office Use Only -

Name: _____

Mailing Address: _____

City, State Zip: _____

Geocode: _____

School District: _____

Assessment Code: _____

Legal Description of Property: _____

I / we own or are under contract for deed to purchase a:

☐ mobile/manufactured home, or ☐ home (please check one) that may include land up to 5 acres.

I / we occupied that same residence for at least 7 months last year as our primary residence.

My tax filing status is: ☐ **Single** (not more than **\$19,944**).

My federal adjusted gross income as reported on last year's federal income tax return* is \$ _____

A copy of my 2008 federal income tax form is attached.

My / our tax filing status is: ☐ **Married** (not more than **\$26,592**) or

☐ **Head of Household**** (not more than **\$26,592**).

My / our combined federal adjusted gross income as reported on last year's federal income tax return* is \$ _____

A copy (or copies, if filed separately) of my / our 2008 federal income tax form is attached.

* If you are not required to file a federal income tax return you need to determine and provide evidence of what your federal adjusted gross income would have been had you been required to file.

** If claiming head of household, you must complete the information at the bottom of this form.

Under penalty of law, I affirm that the information provided in this form is true and correct.

Signature _____ Social Security Number _____

Name of Spouse _____ Social Security Number _____

Phone _____ Date _____

Head of Household Information (to be completed by the applicant)

Name of Dependent

SSN

_____	_____
_____	_____
_____	_____
_____	_____

For Office Use Only –		<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved			
Income		Class Codes				
Single	Married or Head of Household	%	Land	Imp	Mob	
\$ 0 - \$ 7,978	\$ 0 - \$ 10,637	20	2132	3137	6237	
\$ 7,979 - \$ 12,232	\$ 10,638 - \$ 18,614	50	2135	3140	6240	
\$ 12,233 - \$ 19,944	\$ 18,615 - \$ 26,592	70	2137	3142	6242	